

DEVELOPMENTAL COUNSELING FORM

For use of this form see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.

ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank / Grade	Social Security No.	Date of Counseling
Organization	Name and Title of Counselor		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: Performance

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

You are advised that separation action may be initiated under the provisions of Army Regulation 635-200, Chapter 5-8, Involuntary Separation due to Parenthood; Chapter 5-13, Personality Disorder; Chapter 5-17, Other Designated Physical or Mental Conditions; Chapter 11, Entry-Level Performance and Conduct; Chapter 13, Unsatisfactory Performance; Chapter 14, Infractions and Misconduct; Chapter 18, Failure to Meet Body Fat Standards, if this behavior/conduct continues. If separated, you could receive an Honorable, General (under honorable conditions), or Under Other Than Honorable Conditions, discharge or characterization of service, or Entry-Level Separation (uncharacterization), if authorized. If separated with less than an Honorable discharge/characterization, you could encounter substantial prejudice in civilian life, and it may affect civilian employment, veterans' benefits, and related matters. It is unlikely that you would be successful in any attempt to have the character of your service changed.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action:

Session Closing:

Individual counseled: I agree / disagree with the information above

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities:

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment:

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.